



**PRIVACY ACT RELEASE FORM**  
**Passport Assistance Requests**

**Name of Applicant:** \_\_\_\_\_

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

Work: \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_

Please check the type of Passport applied for:

Renewal \_\_\_\_\_ First-ever Passport: \_\_\_\_\_ Expedited \_\_\_\_\_ Minor Child \_\_\_\_\_

What is your 'locator number'? \_\_\_\_\_ What is your travel date? \_\_\_\_\_

Have you contacted another Congressional Office? \_\_\_\_\_ If so – Whom? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent must sign if applicant is a minor)

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

**Please Mail or Fax to:**

Congressman Frank M. Kratovil, Jr.

202 South Main Street

Bel Air, MD 21014-3820

(410) 420-8822

(410) 420-8825 (fax)

\*Feel free to attach additional documents, comments, or information to this form.